

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000000516**

1. Corporation Name

A&S Social Club, Inc.

2. Principal Office Address - No P.O. Box #

525 E. Sample Road

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Zip

33064

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Warren Mostow

Street Address (P.O. Box Number is Not Acceptable)

6372 Lansdowne Circle

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33437

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Warren Mostow*

Date 10/21/2008

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Mostow, Warren	6372 Lansdowne Circle	Boynton Beach, FL 33437
D	Markowitz, Allen	10662 Palm Springs Dr	Boca Raton, FL 33428
D	Markowitz, Sharon	10662 Palm Springs Dr	Boca Raton, FL 33428
D	Mostow, Alan	PO Box 81-1901	Boca Raton, FL 33481

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Warren Mostow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/08

Date

954

357-2190

Daytime Phone #

FILED

08 OCT 27 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT  
CR2E081 (10/08)

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